



On Your Side®

Nationwide Life Insurance Company
Home Office: Columbus, Ohio

Commonwealth of Kentucky
Designation of Beneficiary
Employee Group Life Insurance Program

Group Insurance Contract: 90002

Please do not staple or attach other documents to this form. Please complete and print all information. Use black or blue ink only.

Employee Name (First, Middle Initial, Last)	SSN
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State Agency, School District, or Health Department (Please specify location)

Subject to the terms and conditions of the above numbered Group Policy, I request that any sum becoming payable by reason of my death be payable to the following beneficiary(ies). It is my understanding that this designation shall operate so as to revoke all designations of beneficiary previously made by me under the Group Policy.

Employee Signature (Required)	Date (Required)
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Note: Beneficiary designation is not valid unless this form is signed and dated.

Beneficiary Designation/Change – Check appropriate box(es). Please print all information.

1. Primary Beneficiary	Basic Life and AD&D <input type="checkbox"/>		Optional Life and AD&D <input type="checkbox"/>	
	Beneficiary Name (First, Middle Initial, Last)		Beneficiary Name (First, Middle Initial, Last)	
	Address (Street, City, State, Zip)		Address (Street, City, State, Zip)	
	SSN	Birthdate	SSN	Birthdate
	Relationship	Percentage	Relationship	Percentage
2. Contingent Beneficiary	Basic Life and AD&D <input type="checkbox"/>		Optional Life and AD&D <input type="checkbox"/>	
	Beneficiary Name (First, Middle Initial, Last)		Beneficiary Name (First, Middle Initial, Last)	
	Address (Street, City, State, Zip)		Address (Street, City, State, Zip)	
	SSN	Birthdate	SSN	Birthdate
	Relationship	Percentage	Relationship	Percentage

Group Life coverage is issued by Nationwide Insurance, 5525 Parkcenter Circle, Dublin, Ohio 43017. Please refer to the Certificate of Insurance and Insurance Contract for all plan details, including any exclusions, limitations and restrictions which may apply.

NSHAPP 2801 CWKY

SEE BACK OF PINK FORM FOR INSTRUCTIONS

PERSONNEL COPY – WHITE

COORDINATOR COPY – YELLOW

EMPLOYEE COPY - PINK

For Your Information

Did you know that if your death occurs and a minor (a person not of legal age) or the insurer's estate is the beneficiary, it may be necessary to have a guardian or a legal representative appointed before any death benefit can be paid? This means legal expenses for the beneficiary and delay in the payment of the insurance. Please take this into consideration when naming your beneficiary.

Benefits payable because of your death will be paid to the beneficiary you name. If you do not name a beneficiary, or if you are not survived by one, benefits payable because of your death will be paid in equal shares to the first surviving class of the following:

(a) your spouse, (b) your children, (c) your parents, (d) your brothers and sisters, (e) your estate.

The Designation of Beneficiary is not valid unless this form is signed and dated.

Designation of Beneficiary must be on file with your employer and/or Life Insurance Branch at the time of your death to be accepted.

Instructions

- Please print all information. All information should be filled in with black or blue ink only.
- Please do not staple or attach other documents to the beneficiary form.
- Location name should be completed.
- Signature and date required by the employee.
- Please include the relationship of the beneficiary to the employee and the percentage of benefit to be paid.
- You may name one or more beneficiaries. If you name two or more surviving beneficiaries, they will share equally unless you specify otherwise by entering the percentage each beneficiary is to receive in the space provided. You may name or change beneficiaries at any time without the consent of a beneficiary.
- If a trust or trustee is named beneficiary, the written trust must be identified in the beneficiary designation. For example, "Dorothy Q. Sith, Trustee under the trust agreement dates ____." Show the name and address of the trustee and the effective date of the trust agreement.
- Insurance Coordinator *should verify all information.*
- The original should be submitted to the Personnel Cabinet, Group Life Insurance Branch.
- If more room is needed, please attach a separate sheet and list all the beneficiary information. The form needs to be signed and dated the same as the original form.